

NOTIFIABLE DISEASE CONDITION REPORTING

All Georgia physicians, laboratories, and other health care providers are required by law to report patients with the following conditions.

LEGEND	
* To be determined in consultation with DPH Epidemiology. Based on public health impact potential. Ultimate decision made by State Health Officer and State Epidemiologist.	*** ALT and total bilirubin associated with hepatitis A, B, or C serology should be reported
** Invasive isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid.	**** L. monocytogenes resulting in infant mortality is reportable to Vital Records.
	Potential agent of bioterrorism
SUBMISSION REQUIREMENTS FOR CLINICAL MATERIALS ¹	
All reported cases	Send invasive ² specimens
Hold 7 days and submit if DPH requests	DPH does not routinely test but submission may occur upon DPH approval

REPORT IMMEDIATELY

Call: District Health Office or **1-866-PUB-HLTH (1-866-782-4584)**

all outbreaks/clusters (including infectious and non-infectious causes, toxic substance and drug-related, and any other outbreak)		measles (rubeola)	
		melioidosis	
		meningitis (specify agent when reporting)	
unusual occurrence of disease of public health concern*		meningococcal disease, invasive infections **	
		novel influenza A virus infections	
all acute arboviral infections <ul style="list-style-type: none"> California serogroup viruses (California encephalitis, Jamestown Canyon, keystone, La Crosse, snowshoe hare, trivittatus) chikungunya virus dengue virus equine encephalitis viruses (eastern, Venezuelan, western) Powassan virus St. Louis encephalitis virus yellow fever virus Zika virus 		novel respiratory virus infections (SARS, MERS, etc.)	
		orthopoxvirus infections (i.e., smallpox, mpox)	
		pertussis	
		plague	
		poliomyelitis	
		Q fever	
		rabies (human and animal infections)	
		SARS-CoV-2 infections (COVID-19) <ul style="list-style-type: none"> positive results (excluding antibody and at-home tests) 	
		<i>Staphylococcus aureus</i> infections with vancomycin MIC ≥ 4 mcg / mL	
		Shiga-toxin producing <i>E. coli</i> infections (including O157)	
amebic (free living) infections (<i>Acanthamoeba</i> spp., <i>Balamuthia mandrillaris</i> , <i>Naegleria fowleri</i> , <i>Sappinia</i> spp., etc)			
animal bites			
anthrax			
botulism			
brucellosis (<i>Brucella</i> spp. including <i>B. abortus</i> , <i>B. canis</i> , <i>B. melitensis</i> , <i>B. suis</i>)			
<i>Cronobacter</i> , Invasive (infants under 1 year of age)			
cholera (toxigenic <i>Vibrio cholerae</i>)			
diphtheria			
<i>Haemophilus influenzae</i> , invasive infections **			
hantavirus pulmonary syndrome (HPS)			
hemolytic uremic syndrome (HUS)			
hepatitis A *** <ul style="list-style-type: none"> reactive anti-HAV IgM 			
		tuberculosis (TB) <ul style="list-style-type: none"> confirmed or presumed active TB disease, any age latent TB infection (inactive TB) in children <6 	
		tularemia	
		viral hemorrhagic fevers	

Report cases electronically through the state electronic notifiable disease surveillance system at sendss.state.ga.us

For more information:

www.dph.ga.gov/disease-reporting



REPORT WITHIN 7 DAYS			
acute flaccid myelitis (AFM)		hepatitis D (acute and chronic)	
acquired immunodeficiency syndrome (AIDS)#		hepatitis E (acute)	
anaplasmosis		HIV infection#	
aseptic meningitis		• Infection, any stage OR progression to stage 3 (AIDS)	
babesiosis		• Perinatal HIV exposure	
blood lead levels			
campylobacteriosis	A	influenza, RSV, or COVID-19-associated death (all ages)	A
<i>Candida auris</i> infections	A	legionellosis	7
carbapenem-resistant Enterobacterales (CRE) infections	A	leprosy (Hansen's disease) (<i>Mycobacterium leprae</i>)	A
• <i>Enterobacter</i> spp.		leptospirosis	
• <i>Escherichia coli</i>		listeriosis ****	A
• <i>Klebsiella</i> spp.		Lyme disease	
chancroid		malaria	A
<i>Chlamydia trachomatis</i> Infection (including <i>Lymphogranuloma venereum</i>)	A	maternal death (during pregnancy or within 1 year of end of pregnancy)###	
congenital cytomegalovirus, cCMV (≤21 days of age)		multisystem inflammatory syndrome in children (MIS-C)	
Creutzfeldt-Jakob Disease (CJD), confirmed and suspected cases < 55 years old		mumps	7
cryptosporidiosis	7	psittacosis	
cyclosporiasis	A	rubella (including congenital)	A
ehrlichiosis		salmonellosis (including typhoid fever and paratyphoid fever)	A
giardiasis		shigellosis	A
gonorrhea	A	Spotted Fever Rickettsiosis (<i>Rickettsia</i> spp.)	
hearing loss (confirmed or suspected permanent, <6 years old)##		streptococcal disease, group A or B (invasive) **	7
hepatitis B (acute and chronic) ***		<i>Streptococcus pneumoniae</i> infection (invasive) **	7
• reactive HBsAg and all associated HBV lab markers (HBV DNA, anti-HBc IgM, total anti-HBc, anti-HBe, HBeAg, anti-HBs)		• report with antibiotic-resistance information	
• detected HBV DNA and all associated HBV lab markers (HBsAg anti-HBc IgM, total anti-HBc, anti-HBe, HBeAg, anti-HBs)		tetanus	
• undetectable HBV DNA		toxic shock syndrome (TSS)	
• HBsAg reactive pregnant women		varicella (chickenpox)	7
• perinatal HBV exposures		vibriosis (<i>Vibrio</i> spp.)	A
• all HBsAg and anti-HBs (positive, negative, indeterminate) for children ≤ 2 years old		yersiniosis	A
hepatitis C (acute and chronic) ***			
• reactive anti-HCV (both serology and point-of-care rapid testing)			
• HCV RNA by PCR (both detected and undetected)			
• detected HCV genotype			
• anti-HCV reactive or HCV RNA detected pregnant women			
• perinatal HCV exposures			
• all (positive, negative, indeterminate) anti-HCV and HCV RNA by PCR for children ≤ 3 years of age			

REPORT WITHIN 14 DAYS

Neonatal Abstinence Syndrome (NAS). Information for reporting NAS is available at dph.georgia.gov/nas.

Report cases electronically through the state electronic notifiable disease surveillance system at sendss.state.ga.us

REPORT WITHIN 1 MONTH

Birth Defects, including fetal deaths of at least 20 weeks gestational age and children < 6 years old.

Information for reporting birth defects available at dph.georgia.gov/birth-defects-reporting.

Healthcare-associated Infections (HAIs). For facilities required to report HAI data to CMS via NHSN. Report in accordance with the NHSN protocol. Reporting requirements and information available at dph.georgia.gov/epidemiology/healthcare-associated-infections/nhsn-notifiable-reporting.

REPORT WITHIN 6 MONTHS

Benign brain and central nervous system tumors

Cancer

Report forms and reporting information for tumors and cancer is available at

dph.georgia.gov/chronic-disease-prevention/georgia-comprehensive-cancer-registry/reporting-cancer.

REPORTING FOR OTHER CONDITIONS

Report forms and reporting requirements available at

dph.georgia.gov/epidemiology/georgias-hiv-aids-epidemiology-section/hiv-aids-case-reporting.

Hearing loss case report form is available at dph.georgia.gov/EHDI.

Reporting information for maternal deaths is available at dph.georgia.gov/maternal-mortality.

¹ **“Clinical materials” is defined as:** **A.** a clinical isolate containing the infectious agent for which submission of material is required; or **B.** if an isolate is not available, material containing the infectious agent for which submission of material is required, in the following order of preference: **(1)** a patient specimen; **(2)** nucleic acid; or **(3)** other laboratory material.

² **“Invasive disease” is defined as:** isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid.